FORM D

SEQ Mail Processing Section UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

SEP 052000 Weshington, DC

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

1777	7 <u>8</u>	8	/	
OMB	APPR	OVA		
OMB Num	ber:	32	35-00	76
Expires: Estimated	April	30.	2008	3
Estimated	averag	e bu	rden	
nours per r	espons	e	16.0	00

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SEC US	E ONLY
Prefix	Serial
DATE RE	CEIVED
1	1

Crane Rental Corporation Filing Under (Check box(cs) that apply): Rul	c 504 Rule 505 Rule 506 Section 4(6)	☐ ULOE
Type of Filing:		
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issue	1	JACAN CONTINUENT CONTRACTOR PROFILENCE MADO ANA CORP.
Name of Issuer (check if this is an amendment	and name has changed, and indicate change.)	08058723
Crane Rental Corporation		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
170 N. Goldenrod Road, Orlando, FL 32807		407-277-5000
Address of Principal Business Operations (if different from Executive Offices)	PROCESSED atc. Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business	SEP 1 2 2008	
Renting crane equipment and providing heavy	hauling and rigging services for industrial cus	stomers.
	partnership, already formed other (p	please specify):
Actual or Estimated Date of Incorporation or Organization: (Enter CN	الما المرتبقا التلقا	nated :: Ē

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

:	*.			A. BASIC IDI	ENTI	FICATION DATA				S., .
2. Enter the information r	equest	ed for the fo	llowir	ng:						
 Each promoter of 	the iss	uer, if the is	suer h	ias been organized w	ithin	the past five years;				
 Each beneficial ov 	vner ha	wing the pov	ver to	vote or dispose, or di	rect th	e vote or disposition	of, 10	% or more o	faclas	ss of equity securities of the issue
 Each executive of 	ficer a	nd director o	of corp	orate issucrs and of	corpo	rate general and mar	aging	partners of	partne	ership issuers; and
Each general and	manag	ing partner o	of part	nership issuers.						
Check Box(es) that Apply:	Ø	Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, HKW Capital Partners III										
Business or Residence Address 8888 Keystone Crossing					ode)			······································		
Check Box(es) that Apply:		Promoter	Ø	Beneficial Owner	Z	Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, Ashlock, Alan A.	if indi	vidual)			<u>,</u>			-		
Business or Residence Address 170 N. Goldenrod Road,	•			t, City, State, Zip Co	ode)					
Check Box(es) that Apply:	V			Beneficial Owner	Z	Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, Snyder, James C.	if indi	vidual)						. <u>. </u>		
Business or Residence Addre	:ss (Number and	Stree	t, City, State, Zip Co	ode)					
8888 Keystone Crossing	Suite	e 600, India	anapo	olis, IN 46240						
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, Atkinson, Bruce D.	if indi	vidual)								
Business or Residence Address 8888 Keystone Crossing				t, City, State, Zip Co olis, IN 46240	ode)				•	
Check Box(es) that Apply:		Promoter		Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, Kirby, Martha D.	if indi	vidual)								
Business or Residence Addre	:ss (Number and	Street	ı, City, State, Zip Co	ode)	-				
170 N. Goldenrod Road,	Orlar	ndo FL 32	807							
Check Box(es) that Apply:		Promoter		Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, Spence, R. Sean	if indi	vidual)								
Business or Residence Addre 170 N. Goldenrod Road				t, City, State, Zip Co	ode)		•			
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, Wood, Jeffrey G.	if indi	vidual)								-
Business or Residence Addre 8888 Keystone Crossing					ode)					

•	•				B. II	IFORMATI	ON ABOU	r Öfferii	NG -				
L				- /-		·				_		Yes	No
1.									X				
_	Answer also in Appendix, Column 2, if filing under ULOE.							s 100	,000.00				
2.	2. What is the minimum investment that will be accepted from any individual?									Yes	No		
3.	Does the	offering	permit join	t ownershi	p of a sing	le unit?							
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an								irectly, any	1			
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offerin If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a sta										with a state	:		
or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such													
Full	a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)												
N/A	4												
Bus	iness or l	Residence	Address (N	lumber and	l Street, Ci	ty, State, Z	ip Code)						
Nan	ne of Ass	ociated Br	oker or De	aler	. <u>-</u>			<u>-</u>	<u>.</u>				
			y 1 . 4	0	T	4-000	Y						
Stat						to Solicit I						□ A1	States
	(Check												
	AL	AK	AZ	(AR)	CA	CO	CT	DE	DC NA	FL MI	(GA) (MN)	HI MS	ID MO
	IL MT	IN NE	ĪA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WÂ	WV	WI	WY	PR
Ful	l Name (I	ast name	first, if ind	ividual)			 -						
Bus	iness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)	<u> </u>					·
Nar	ne of Ass	ociated Br	oker or De	aler									
Stat	tes in Wh	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers											
(Check "All States" or check individual States)													
	(Check							•••••	•••••			□ \(\lambda_1 \)	l States
	(Check							DE)	DC	FL	<u>GA</u>	^1	I States
	AL IL	'All States AK IN	AZ	individual AR KS	States)	CO LA	CT ME	DE MD	DC MA	FL MI	GA MN	III MS	ID MO
	AL IL MT	All States AK IN NE	AZ IA NV	individual AR KS NH	States) CA KY NJ	CO LA NM	CT ME NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	III MS OR	ID MO PA
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	States)	CO LA	CT ME	DE MD	DC MA	FL MI	GA MN	III MS	ID MO
Ful	AL IL MT RI	AK IN NE SC	AZ IA NV	AR KS NH TN	States) CA KY NJ	CO LA NM	CT ME NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	III MS OR	ID MO PA
	AL IL MT RI I Name (I	AK IN NE SC	AZ IA NV SD first, if ind	AR KS NH TN ividual)	CA KY NJ TX	CO LA NM	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	III MS OR	ID MO PA
Bus	AL IL MT RI I Name (I	AK IN NE SC	AZ IA NV SD first, if ind	AR KS NH TN ividual)	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	III MS OR	ID MO PA
Bus	AL IL MT RI I Name (I	AK IN NE SC ast name	AZ IA NV SD first, if ind Address (I	AR KS NH TN ividual)	CA KY NJ TX d Street, C	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND	FL MI OH	GA MN OK	III MS OR	ID MO PA
Bus	AL IL MT RI I Name (I siness or me of Ass	AK IN NE SC ast name Residence ociated Brich Person	AZ IA NV SD first, if ind Address (I	AR KS NH TN ividual) Number an	CA KY NJ TX d Street, C	CO LA NM UT	CT ME NÝ VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA
Bus	AL IL IL IN I	AK IN NE SC ast name Residence ociated Brich Person	AZ IA NV SD first, if ind Address (I	AR KS NH TN ividual) Number an	CA KY NJ TX d Street, C	CO LA NM UT UT	CT ME NÝ VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Bus	AL IL MT RI I Name (I siness or me of Ass	AK IN NE SC ast name Residence ociated Brich Person All States	AZ IA NV SD first, if ind Address (I	individual (AR) (KS) (NH) (TN) ividual) Number an aler s Solicited individual	CA KY NJ TX d Street, C or Intends States)	LA NM UT ity, State, a	CT ME NÝ VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	18,000,000.00	\$_18,000,000.00
	Equity	27,900,000.00	27,900,000.00
	☑ Common ☐ Preferred		
	Convertible Securities (including warrants)	<u> </u>	\$
	Partnership Interests		S
	Other (Specify)		
	Total	45,900,000.0	0 <u>\$_45,900,000.00</u>
	Answer also in Appendix, Column 3, if filing under ULOE.	* No additional o	consideration paid for wa
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	8	\$_45,900,000.00
	Non-accredited Investors		S
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
•	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		s
	Rule 504		\$
	Total		<u>\$_0.00</u>
	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	Z	\$_40,000.00
	Accounting Fees	2	<u>\$_10,000.00</u>
	Engineering Fees		S
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) Blue Sky Fees		s 1,000.00

	C. OFFERING PRICE, NUM			
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a. This difference is the "ad	ljusted gross	\$_45,849,000.00
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Par	ny purpose is not known, furnish an e f the payments listed must equal the adj	stimate and	
			Payments to	
			Officers. Directors, & Affiliates	Payments to Others
	Salaries and fees		S	s
	Purchase of real estate		S	🗆 \$
	Purchase, rental or leasing and installation of mad			_
	and equipment			_
	Construction or leasing of plant buildings and fac-	\$	🗆 \$	
	Acquisition of other businesses (including the va- offering that may be used in exchange for the ass- issuer pursuant to a merger)	ate or casurities of another	□\$	ZZ \$ 45,849,000.00
	Repayment of indebtedness			_ 2 1*
	Working capital		-	- -
	Other (specify):		_	
			\$	□\$
	Column Totals			
	Total Payments Listed (column totals added)		45,849,000.00	
Γ	The second secon	D. FEDERAL SIGNATURE	-	
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fu information furnished by the issuer to any non-acc	mish to the U.S. Securities and Exchai	nge Commission, upon writ	
Iss	uer (Print or Type)	Signature	Date	
Cr	ane Rental Corporation	700 C)	septemb	per 4, 2008
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)		

- ATTENTION -

Chairman

James C. Snyder

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)